24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375	
		G cocicció
Check if 24-hour report 48-hour report New report	ort Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination
California Nuises Association		03 01 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710540 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ee Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	50540.98 Disb 2016	oursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
California Nurses Association		03 01 2016
Mailing Address 155 Grand Avenue		
		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID: D710541 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 02 / 2016
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	50.00 Disk	
. S. Elseller S. Siller Sough		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
	cally Filed] Date	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

,					FOR SE	OF FORM 24/48
NAME OF COMMIT		t Danta att :			FEC IDENTIFICA	TION NUMBER ▼
national Nurs	ses United for Patien	t Protection			C C0049037	5
Check if X 24-ho	ur report 48-hour repor	t New repo	ort Amends repo		/ D D	/
Full Name of Pa				Date	of Public Distributi	on/Dissemination
Erin L Fitz					02 / 27	2016
Mailing Address	1028 Florida Street			Amou	ınt	
City		State	Zip Code	$-\Gamma$		5500.00
Vallejo		CA	94590		saction ID : D7105 of Disbursement of	
Purpose of Exp Video Production			Category/ Type		03 / 02	2016
Name of Federa	l Candidate		X Support	Office Sough	nt: House	District: 00
Bernie Sanders			Oppose	X Preside	ent Senate	State: DC
	ear-To-Date n for Office Sought		50540.98	Disbursemen 2016	nt For: X Prima Other (specify) ▶ _	ary General
Full Name of Pacalifornia N	lurses Association				of Public Distributi	on/Dissemination
0			7: 0 !			50.00
City Oakland		State CA	Zip Code 94612		action ID : D71061	
Purpose of Exp Online Ad	enditure		Category/ Type		of Disbursement of 03 03	/ Y Y Y Y Y Y 2016
Name of Federa	al Candidate		X Support	Office Sough	ht: House	District: 00
Bernie Sanders			Oppose	X Presid	lent Senate	State: DC
	ear-To-Date n for Office Sought		50540.98	Disbursemer 2016	nt For: X Prim Other (specify) ► _	ary General
(a) SUBTOTAL	of Itemized Independent Expe	nditures				5550.00
(b) SUBTOTAL	of Unitemized Independent Ex	penditures		·· •		
(c) TOTAL Indep	endent Expenditures			•	- Apr - A	
with, or at the re	perjury I certify that the indequest or suggestion of, any cany political party committee	andidate or authorized				
	tha Kuhl	[Electron	ically Filed] Date	9 03		2016
Signature						

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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Fatient Flotection	C C00490375
Check if 24-hour report 48-hour report New report Amends repo	rt filed on
Full Name of Payee	Date of Public Distribution/Dissemination
California Nurses Association	03 / 02 / 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	12082.66
Oakland CA 94612	Transaction ID : D710611 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	03 / 03 / 2016
Name of Federal Candidate Support	Office Sought: House District: 00
Bernie Sanders Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 50540.98	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
California Nurses Association	03 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	436.90
Oakland CA 94612	Transaction ID : D710612 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Expense Category/ Type	03 / 03 / 2016
Name of Federal Candidate Support	Office Sought: House District: 00
Bernie Sanders Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 50540.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	12519.56
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date	03 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

6

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	rt Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
California Nurses Association		03 06 7 2016
Mailing Address 155 Grand Avenue		Amount
City State 2	Zip Code	943.42
	94612	Transaction ID : D710613 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Expense	Category/ Type	03 / 03 / 2016
Name of Federal Candidate	Support Office	Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	50540.98 Disbu 2016	orsement For:
Full Name of Payee California Nurses Association Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State 2 Oakland CA	Zip Code 94612	50.00 Transaction ID : D710614
	94012	Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 03 / 2016
Name of Federal Candidate	Support Office	e Sought: House District: 00
BERNARD SANDERS	Oppose X	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	93.60 Disbu 2016	orsement For:
(a) SUBTOTAL of Itemized Independent Expenditures		993.42
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electronic	vally Filed] Date 0	3 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI LXI LIVI	ON ONES		PAGE 5 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	Drotoction			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection C c00490375			C C00490375	
Check if 24-hour report 48-hour report	New re	port Amends repo		/ D = D / Y = Y = Y = Y
Full Name of Payee California Nurses Association	_			of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amou	
City	State	Zip Code		43.60
Oakland	CA	94612		saction ID : D710615 of Disbursement or Obligation
Purpose of Expenditure Equipment Rental		Category/ Type		03 03 / 2016
Name of Federal Candidate		X Support	Office Sough	nt: House District:00
BERNARD SANDERS		Oppose	X Presid	lent Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		93.60	Disbursemer 2016	nt For: X Primary General Other (specify) ▶
Full Name of Payee National Nurses United				of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amou	03 03 2016 unt
City	State	Zip Code		30228.00
Oakland	CA	94612		action ID : D710618 of Disbursement or Obligation
Purpose of Expenditure Media Time Buy		Category/ Type		03 / 2016
Name of Federal Candidate		X Support	Office Sough	ht: House District: 00
Bernie Sanders		Oppose	X Presid	lent Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		50540.98	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expendent	litures			30271.60
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(a) actionized independent Experience			•	7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Martha Kuhl Signature	[Electro	onically Filed] Date	9 03	03 2016
Olynatul e				

oureduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report	t Amends report filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
National Nurses United	03 / 01 / 2016
Mailing Address 155 Grand Avenue	Amount
City State 2	Zip Code 1250.00
	94612 Transaction ID : D710619 Date of Disbursement or Obligation
Purpose of Expenditure Media Time Buy	Category/ Type 03 / 03 / 2016
Name of Federal Candidate	Support Office Sought: House District: 00
Bernie Sanders	Oppose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State	Zip Code
	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type M M / D D / Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District:
	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······
(c) TOTAL Independent Expenditures	50684.58
	eported herein were not made in cooperation, consultation, or concert committee or agent of either, or (if the reporting entity is not a political
Martha Kuhl [Electronic	ally Filed] Date 03 03 2016
Signature	

PAGE 6

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